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MEDICAL NOTES FROM THE CONTINENT.—UTRECHT.

[UNDER the head of "Medical Notes from the Continent; or, Sketches of the Universities, Hospitals, Lunatic Asylums and Mineral Baths of Holland, Belgium, Germany and Austria," Dr. A. Mercer Adam has given, in late numbers of the *Edinburgh Medical Journal*, some interesting descriptions of the places and institutions alluded to. We copy in full his account of Utrecht, of its celebrated medical school, and of two distinguished Professors resident there.—Eds.]

Leaving behind the indescribable smells of Amsterdam, I steamed on again by rail, through flat watery meadows—studded with sleek kine, such as one sees in the pictures of Cuyp or Ruysdael, and fenced with broad ditches in lieu of hedges—and past pleasant Dutch homesteads, which are dotted over the landscape—until the train reached the fine old town of Utrecht.

As a school of medicine, Utrecht unquestionably stands highest among the Dutch Universities, and the celebrity of several of its living professors has attracted to it much of the attention of the scientific world. The names of Schroeder Van der Kolk, Donders, Harting, and Mulder, are very familiar to every student of modern medicine, and the influence of their views has extended into all lands.

The University of Utrecht is a plain building, which was founded in 1636. It contains a fine hall, which, at the time of my visit, was in daily use for medical and other graduations. At one end of it is a high gallery, wherein musicians perform during the ceremonies of the graduations, which is gaily bedecked with flags, swords, spears and drums—trophies of the gallant part which was played by the alumni of this college, during the struggle for independence, at the time when Holland was separated from Belgium in 1830, when the students of Utrecht, and of the other Dutch universities, patriotically enrolled themselves in corps, and fought most valiantly for the defence of their country. Other banners, bearing the arms of Dutch cities, &c., adorn the walls; and high

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above them all flames the emblem of the University itself—a burning sun, with the motto, "Sol Justitiæ illustra nos." There are about 400 students, of whom 70 are medical. Each medical class costs about £2 10s. for the session, and the professors, in addition to these fees, receive about £250 each per annum from the Dutch government. In connection with the University, there is a very good anatomical museum, chiefly remarkable for possessing a large collection of well-executed wax-models. The physiological laboratory of Professor Donders is also in the University. It is fitted up with microscopes and other scientific apparatus; among these I observed the most interesting instrument called the ophthalmotrope of Ruete, which attracted much notice when it was exhibited last year at the Ophthalmic Congress at Bonn. It consists of a model of the eye, capable of moving exactly as the natural organ, and having delicately arranged silken cords attached to it behind, which act as the muscles of the ball. By means of a graduated scale, and some highly ingenious mechanism, one can see at once, by the lengthening or shortening of each cord, what muscles act in producing every movement of the eye, and to what extent, comparatively, each of them operates in these processes. The saloons containing Professor Harting's admirable microscopical collection, immediately adjoin Donders's laboratory. In another part of the town, Mulder, the Professor of Chemistry, has a splendid laboratory, which was expressly built for him.

Few living physiologists have a wider spread reputation than Schroeder Van der Kolk, the Professor of Anatomy in Utrecht. Though now an elderly man, he still retains all the enthusiasm of youth for the prosecution of physiological science; and when he is talking of his experiments or speculations, he warms with the subject, his manner becomes very energetic, and his face brightens up into a pleasant smile. In appearance, he is a man of about 60 or 65 years—of middle size, with iron-gray hair, and a slight stoop, from long study and bending over microscopes. I spent a very pleasant forenoon with him, seeing all his pathological and physiological preparations, about which he discoursed to me most enthusiastically in German. He showed me some finely-injected preparations, to illustrate his theory of the non-existence of veins and nerves in the centre of carcinomatous growths—the injection being seen to traverse only the arterial vessels in a section of such a tumor. The pain attending the disease is attributable, he thinks, to the cancer cells entering and destroying the substance of the nerves in the surrounding tissues. We talked a good deal of the celebrated discussion about cancer, which occurred two years ago in the *Académie de Médecine* of Paris, and he remarked that, whatever may be said to the contrary, the microscopical diagnosis of cancer is not to be sneered at as an impossibility. He thinks, however, that in making a histological diagnosis of carcinoma, we should look for the cancer cells in the tissues immedi-

ately adjoining as well as in the suspected growth itself. Of Professor Hughes Bennett's Researches into Cancer, he spoke in terms of unqualified commendation; and, in common with all the continental physicians with whom I have conversed, he entertains the highest admiration of the efforts which have been made by Dr. Bennett to establish in England an improved system of medicine—founded on a scientific rational basis, and in which it is sought to reconcile correct diagnosis and successful treatment with the most advanced views of modern physiology and pathology. And all honor, say I, to such men as Van der Kolk, Donders, Kölliker, Virchow, Claud Bernard, Hughes Bennett, and others, for the impetus they have given to the culture of rational medicine. Although we may be unable, as yet, to deduce from *all* their investigations, theories of disease or modes of treatment superior to those which we at present possess, still there cannot exist a doubt that, *eventually*, all scientific medicine must be established on a rational basis of improved systems of physiology and pathology. "Without a rational basis," says an eminent writer, "the physician is only a bungler; and without a thorough knowledge of the empirical part of science, he deprives himself of many useful weapons for combating disease."* The wise physician will always try to adopt for his practice methods which are at once scientific and successful, basing all his treatment upon the sound foundation of rational medicine; he will ever eagerly hail all that is *true*, even though it may wear the dress of novelty, and may on that account be condemned by professional conservatism as unworthy of acceptance; but, at the same time, he will never lose sight of the "good old paths," or forget that practical knowledge, which has been gained by the accumulated experience of the wise and good men of the past. And thus will the scientific physician try to combine, in his treatment, all that is trustworthy and valuable in rational medicine and in empiricism; while he who neglects to do so, reduces medicine to the level of a trade, and fails in discharging that duty, which Bacon has well observed "every man owes to his profession." For truly, in the words of the German poet:—

" Das sind die Weisen
Die durch Irrthum zu Wahrheit reisen;
Die bei Irrthum verharren,
Das sind die Narren."†—Ruckert.

The influence which the nerves exercise on the inflammation process has long attracted the attention of physiologists. Some years ago Van der Kolk divided the nerves in the limb of a rabbit on one side, and afterward fractured the bones of this, and also those of the sound limb. He found that osseous union occurred normally

* "Ohne rationelle Basis ist der Arzt ein Plüschler. Aber ohne durchgreifende Kenntnisse des empirischen Theils der Wissenschaft beraubt er sich selbst mancher nützlichen Waffe gegen die Krankheit."—Canstatt.

† They are Wise, who travel through Error to Truth—but they are Fools, who ever cling to Error.

at the site of the fracture in the sound limb, but that in the one whose nerves were divided, fungous degeneration of the bone occurred at the spot of the lesion. The preparations of this experiment he showed to me. Later researches have been directed to the same subject; and ever since Ludwig pointed out the influence which excitation of the nerves exercises upon glandular secretions, physiologists have been trying to discover whether inflammatory exudations might not also be dependent upon the influence of the nerve fibres in other tissues. Thus Spiess (*Zur lehre de Entzündung*, 1854) conjectures that by the influence of the nerves in the walls of the bloodvessels, the exudation of serum is occasioned in inflammation. And ever since Bernard made the important discovery, that division of the sympathetic nerve in the neck is followed by paralysis of the vessels of the head, numerous investigators, such as Brown-Séquard, Budge, Donders, Kussmaul, &c., have been engaged in ascertaining the influence which the nerves exercise over the circulation. Some very important experiments, to determine the influence of the nerves on inflammation, have recently been made in Utrecht, by Dr. Snellen, the assistant of Prof. Donders, who informed me of all his results, some of which I may mention. After numerous carefully performed experiments on the ears and limbs of rabbits, he found that irritation of the sensory nerves of a part is followed by increased reflex action of the nerves supplying the vessels of that region, occasioning spastic contractions of the walls of the vessels. This condition of spastic contraction is afterward succeeded by one of dilatation, caused by paralysis of the walls of the vessels. He looks upon the nerves supplying the vessels as only governing the contractions of their walls, and as only influencing the processes of absorption and exudation, by diminishing or enlarging the calibre of the tubes. He found that division of the sensory nerves of a part did not perceptibly influence the course of an inflammatory process established there artificially; but that division of the fibres of the vaso-motory or sympathetic nerves of the part, although it did not materially alter the course of the inflammation, greatly promoted the absorption of exudation, and consequently shortened its duration. He looks upon this increased facility of absorption as owing to the expansion and consequent thinning of the walls of the vessels, occurring during the state of congestion which follows the paralysis of the walls, consequent on the division of the nerves. Another important result of Dr. Snellen's researches, is more accurate information as to the influence of the trigeminus nerve on the eye. It is well known, that when this nerve is diseased, or artificially divided, we have opacity of the cornea, which in most cases goes on to keratitis, with perforations or atrophy of the eye. Valentin, Longet, Budge, Schiff, Graefe, and others, have experimented concerning this, and they have all been of opinion that the inflammation was due to the trophic influence of the Gasserian ganglion;

while Axmann has pointed to this condition as a proof of the truth of his theory, that the nourishment of the tissues is dependent on the ganglio-spinal nerves. But Snellen has successfully demonstrated, that if the eye, deprived of feeling by section of the trigeminus, be very carefully preserved from all *external* sources of irritation which might excite inflammation, no keratitis will occur; hence he argues, that the keratitis following section of this nerve is always traumatic, and dependent on inflammation excited by external injuries received by the insensible cornea, rather than on any trophic influence of the Gasserian ganglion.

I have already alluded to Schroeder Van der Kolk's new views concerning the pathology of epilepsy. He considers that epileptics are divisible into two classes, viz. (*a*) those who bite the tongue during the attack, and (*b*) those who seldom or never do this. Now, he has found that, in the first class, the capillary vessels of the corpus olivarium are widened in the course of the hypoglossal nerve; and that, in the second, they are enlarged in the track of the vagus, which may account for more labored respiration in those who do not bite the tongue. The walls of the enlarged vessels become thickened, exudation occurs, together with softening of the substance of the olivary body, so that he regards epilepsy as a reflex action from the ganglionic cells of the medulla oblongata. To illustrate this, I give the measurements of the capillaries which the Professor told me he had found in (*A*) those cases where the tongue is bitten, and in the others (*B*) where this does not take place.

AVERAGE WIDTH OF CAPILLARIES.

	In track of Hypoglossus.	In Corpora Olivaria.	In Raphé.	In Vagus Track.
A.—In tongue biters.	0.306 m.m.	0.315 m.m.	0.355 m.m.	0.237 m.m.
B.—In non-biters.	0.210 "	0.217 "	0.300 "	0.348 "
Difference.	× 0.96 A.	× 0.098 A.	× 0.055 A.	× 0.111 B.

Such are Professor Van der Kolk's views of the pathology of epilepsy; but he does not offer them dogmatically, and himself admits that the question needs much patient inquiry to enable us to decide with certainty on the point. Meanwhile let me take this opportunity of directing the attention of English physicians to the subject, in order that they may repeat the investigations of this eminent Dutch physiologist.

I have said that Van der Kolk, in his mellow age, has the pleasure of knowing that ere he dies his merits are acknowledged, and his fame European. It is Professor Donders, however, who is now the man of most hope and promise in Utrecht; and to whom, consequently, most of public attention is directed. Like Simpson, Scan-

zoni, and many other eminent men, he has earned a wide reputation while yet comparatively young; and his skill as an oculist attracts thousands of patients yearly to Utrecht, to be under his care. Professor Donders is about 40 years old—rather tall, well built, and of very dark complexion; he has a quick piercing black eye, which seems at once to get at the root of a matter, and he has a frank manner, and a winning smile, which irresistibly inspire complete confidence in his skill. He has given an immense stimulus to physiology, by his unwearied labors; and his great enthusiasm, and his invariable courtesy, have rendered him a great favorite with the Utrecht students. The medical literature of Holland is under deep obligations to him; for he was not only one of the principal supports of the *Nederlandsch Lancet*, during the existence of that periodical, but, since its decease, he and an Amsterdam physician have commenced a new medical periodical, in which henceforth the contributions of the Dutch medical men will be published in German instead of Dutch, as being a more generally understood language. I subjoin its title in a foot-note, for the benefit of those who may feel interested in the matter.*

I remained in Utrecht for some time, to see as much as possible of Donders's practice in diseases of the eye; and I was shown every kindness by him, being taken to see operations, &c., among his private patients, and being admitted at all times to his ophthalmic hospital. I have never seen a better operator than Donders in cases of cataract and artificial pupil, and his diagnosis in eye affections is peculiarly rapid and correct. In most cases of interest, as in glaucoma, &c., he uses Helmholtz's eye speculum in making a diagnosis.

A CASE OF EXTROVERSION OF ALL THE ABDOMINAL VISCERA.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

THIS is one of the very few cases which have occurred in my practice in which conception has been accompanied by signs which have made that condition certain to its subject. In one other case I was engaged to attend a lady in her expected labor on the 4th of July. The day came, and so did a message to visit her immediately. In the present instance, successive conceptions were known to have happened, and in which the times of delivery, after forty weeks exactly of pregnancy, were literally fulfilled.

Mrs. — was in her third pregnancy, and I was engaged to attend her. This time the calculation had failed, labor beginning between one and two months sooner than it should have done.

* Archiv. für die Holländischen Beiträge zur Natur und Heilkunde, herausgegeben von Donders in Utrecht und Berlin im Amsterdam.

An inquiry was accordingly made into the circumstances attending this pregnancy. Mrs. — stated that she was as sure of the moment of conception as in her former pregnancies. The evidence was asked for. In answer, she stated that they were the same she had formerly related to me. The signs of the function in question are loss of vision, dulness of hearing, and various constitutional disturbances which it was not easy to describe. They do not amount to a suspension of consciousness, but this was unlike any other experience. In its entire novelty, its strangeness—uneasiness, hardly pain, was now present. The mind seemed to be most disturbed. This was precisely the account of what she had before experienced.

But labor was present. What had produced the deviation from what had before occurred, and, in the other cases, marked the time of delivery? Mrs. — said she had been in an entirely different state, during this pregnancy, from that by which former pregnancies had been characterized. She was much larger than in either of the others, was embarrassed and crowded, and oppressed by her size. The motions of the fœtus were wholly unlike those felt before this. There was no distinct feeling of limbs striking the womb, but a rolling, heavy movement, which she could not explain. It was all entirely new. I do not recollect any case in which symptoms were so clearly described, or in which the imagination had so little concern. Facts were given in the simplest manner, and the causes earnestly asked for.

The labor was very slow. The os uteri dilated very gradually, remaining of its natural firmness while contractions were strong. The womb had begun to act before the motive cause, dilatation, or, better, *dilatability*, had declared itself. I exclude *rigidity* entirely from the explanation of closed os uteri, during the presence of natural, regular, uterine action. The womb is acting *irregularly*, and from some other cause than rigidity of its os. *Labor has not begun.* Its action is misplaced, and false. My visit was a short one. It was repeated in the evening. No progress. Next morning the same. Dilatation began, and now the membranes could be felt. These were greatly distended during action. In their flaccid state, very careful examination did not enable me to reach any portion of the fœtus. In the middle of the night, nausea occurred. It was sudden and strong. Mrs. —, while sitting up in bed, vomited violently three times. During the last throw, a discharge was felt from the vagina, and Mrs. — exclaimed that the water was coming away. She laid herself down, and I made an examination. Uterine action was present, and the membranes were found entire and the os fully dilated. The discharge was blood, and was profuse. I broke the membranes at once, and a deluge followed. The head came down. The hæmorrhage ceased. Labor advanced rapidly. The head was born, and the arms, with a part of the trunk. Here progress

ceased. The hæmorrhage was renewed. For a moment I could not reach the cord, and, when I did, it was found of scarce any length, certainly not more than an inch and a half, and having a feel which was new to me. By a lamp, I saw passing down from the pit of the stomach, and covering what I supposed the walls of the abdomen, a large, very firm, deep red mass, and in the small space between it and the pit of the stomach, the heart was seen strongly beating. There was no effort at respiration. The cord was at length found, or what seemed it, and the finger passed through with much difficulty between it and the external organs. It was tied. Delivery was soon accomplished. A large quantity of liquor amnii accompanied it, and immediately afterward there was profuse hæmorrhage. The placenta was taken from the womb, and the flow diminished. It continued, however, to an embarrassing extent for some time, and this notwithstanding the firm contraction of the uterus. At length it ceased, and the patient being arranged in bed, the child and placenta were removed to another room for examination.

The placenta seemed twice as large, in extent and thickness, as any before examined. The nurse thought it would weigh six or seven pounds. The convolutions were strongly marked. Its large size was mentioned to Mrs. — by the nurse. When sufficiently recovered, some days afterward, Mrs. — asked me what the explanation might be of its great size. I had none to offer, or any which satisfied my patient. She then said that all the signs of conception had occurred the night succeeding those of the first conception, and she supposed she was to have twins, and asked if the failure might not account for the double size of the placenta, and the double quantity of water, and also for the imperfect state of the child. This question at least shows how much thought was occasioned in Mrs. —'s mind by the circumstances of her pregnancy, and the condition of the child when born, and I confess no better views of causation occurred to me. The placenta was examined, that the origin and state of the cord might be ascertained. It arose from the edge of the placenta, and running a short, very short distance, entered the right edge of the walls of the abdomen, and disappeared at once behind the extruded liver.

The fœtus. It was not weighed, but was supposed to weigh between five and six pounds, nearer six than five. Its head was of good size and form. The extremities appeared natural in size, but the toes were turned to the back, and the heels looked forward. The dark, firm, red mass lying broadly over, or, as was said, upon the walls of the abdomen, was found to be the liver, there being no walls of the abdomen—no abdominal cavity at all. This organ occupies much of the foetal abdominal cavity; but in this case it shut from view all the organs which in a normal state occupy it. Upon raising the liver, there was seen, under its right portion, a very large kidney; the left kidney was rudimentary

only. In the left hypochondrium, was a large rounded sac, occupying the place of the stomach, and was found to be that organ, a small but well formed spleen being attached to it in its natural place. This sac was very thin, of a light color, that of healthy serous tissue, and contained a light-colored water-like fluid. The arrangement of the small intestines was unlike any I had before seen. They were perfectly healthy, white, polished. The mesentery occupied a central position, while the intestines themselves formed a complete circle around it, representing a perfect ruffle, with its plaits regularly, I had almost said beautifully arranged. The heart was very small, and was found lying in the epigastrium, where it was beating at birth. The thorax was flat, so compressed, from before backward, as to offer no cavity. There was no urinary bladder found, no anus, and no organs of generation. Both of these were sought for carefully—the places they occupy having been made perfectly clean.

It was said above that much blood was lost in this labor. Mrs. — was not for a moment faint, but complained of unusual and entire exhaustion. The pulse did not fail; but it intermitted after a manner never observed before by me under similar circumstances. She had never suffered from any heart trouble, either physical or emotional, being of very strong and well-developed mind—always firm and cheerful, and not apparently depressed or oppressed by her low state. The intermissions of pulse occurred for the most part after four beats; sometimes less frequently, but were perceived all night, and less frequently through the next day. Her convalescence was slow—slower than after any previous labor. The breasts were loaded with milk, and caused great pain from weight and distension. On the second or third day, they were drawn, and, immediately after the operation was done, the milk began to flow away spontaneously and profusely, making it impossible to keep person or bed dry. Mrs. — felt sure that this flow was produced by clearing the openings of the milk vessels in the nipples, which followed the drawing of the breasts, and hoped I would remember it. During the depression which followed delivery, stimulants were freely given, and with excellent effect, as set forth by the patient; and it was thought necessary carefully to watch her for an unusually long time after delivery. She had a perfectly good, though slow convalescence.

Artificial Dilatation of the Larynx in Croup.—Much discussion has of late taken place at Paris respecting a bold measure in croup—viz., actual catheterism of the larynx and trachea, followed by caustic injections, proposed and successfully practised by M. Loiseau, of Montmartre, near Paris. This operation is to prevent the necessity of tracheotomy, and has been warmly supported by M. Trousseau, in a report presented by this physician to the Academy of Medicine.—*London Lancet.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 13th.—*Ascites in connection with Acute Inflammation of the Vena Porta.* Dr. JACKSON reported the case, which had been lately under his care.

The patient was an Irish laborer, æt. 48; large frame; health robust; moderate drinker. Entered the Hospital June 22d, and reported that, having wet his feet three weeks previously, swelling of abdomen came on the same night, and increased from that time, with œdema of the lower extremities. There was also dyspnœa from swelling. Very slight cough "caused pain in the epigastrium," a symptom that may probably have been connected with the inflammation of the vein, but if so, it was the only one noticed. For a week before the abdomen swelled, the urine was high colored, and diminished in quantity one half. On July 27th, nearly twelve quarts of serum were drawn from the abdomen. He gradually sank, and died August 11th. On dissection, six pints of serum were found in the peritoneal cavity. The liver weighed two pounds eight ounces, presenting a marked case of "cirrhosis." The splenic branch of the vena porta was completely plugged up; quite soft, grumous coagula existing in the trunk; the mesenteric branch was not affected. This last, Dr. J. remarked, was a curious negative fact in connection with the ascites; the obstruction in the trunk of the vein being very partial. Complete obstruction of the great veins is so often seen without serous effusion, that the ascites might be regarded as a mere coincidence of the phlebitis if it had not come on so suddenly. The spleen weighed 14½ ounces, but was by no means so large as it is occasionally seen in connection with cirrhosis, and yet, as just stated, the vein was quite closed.

SEPT. 13th.—*Hepatic Abscess, communicating with the Right Lung; Operation; Discharge of twelve pints of Pus.* Case reported by Dr. G. H. GAY.

Mr. P., æt. 53, states that for the last two years he has not observed anything worthy of remark as to his general health, except a feeling of considerable numbness and stiffness in the left hypochondriac region, which entirely disappeared when the right side was attacked.

The color of the skin of the face was more or less of a yellowish hue, so that in common language he would be said to "look bilious."

The present sickness dates from June 25th, 1858, and, as he thinks, was caused by taking cold.

The first prominent symptom was a fixed, pretty severe deep-seated pain in the lower part of the right thorax in the hypochondriac region, about the situation of the eighth and ninth ribs. The pain has been constant at that point. Some time after the commencement of the pain, there was noticed œdema of the lower extremities, of the abdominal parietes, and also ascites, extending above the umbilicus. The skin of the face became more yellow, though it was never of a very deep color.

During the first part of July, rigors were frequent, coming on regularly in the after part of the day, for a week or more. The pain and distress in the side increased. The ascites and œdema were somewhat reduced by appropriate internal remedies. In the latter part of

July, a difficulty in breathing was experienced, and a dry hacking cough commenced. There was shortly a mere frothy expectoration, slight in quantity, which soon became mostly mucus. As these pulmonary symptoms were more fully developed, the pain in the side was more and more intense, radiating from the point of origin and extending through most of the right chest. As the dyspnoea increased, there was also a feeling of uncomfortable fullness in the region where the pain commenced. These symptoms were temporarily relieved by hop fomentations. Coughing and any pressure on that side aggravated the distress. The most comfortable position for the patient was on the right side and propped up, and, when out of bed, leaning over a chair.

About this time, as well as the patient can remember, a small swelling, of the size of an orange, was observed on the external part of the right thorax, situated nearly in the region of the fourth rib, and two inches or more from the sternum. This seemed to increase daily, and with its increase a diminution of the difficulty in breathing was noticed.

By auscultation, no breathing was heard in the lower half of the right lung, which gave a flat sound on percussion. There was never any rusty-colored expectoration, nor any particular pain in the spot where the swelling commenced, externally, at the fourth rib.

Between the second and third week of August, the pain in the hypochondriac region was more severe, lasting and throbbing. In the first part of the third week of August, there was a distressing and long paroxysm of coughing at 5, A.M., and all of a sudden there was an expectoration of a large quantity of pus. It came so fast, and in such quantity for an hour, as nearly to choke the patient. There was then an interval of rest, when the coughing returned, and at 10, A.M., he had raised over three pints of yellowish white pus. From that time there has been daily more or less coughing, and the average amount of expectoration has been a common spit-cup full in twenty-four hours, of a mixture of pus and mucus. The external swelling, which had become very large, tender and painful, did not appear to diminish any after the free expectoration. By auscultation, at this time, gurgling was heard, as from a large cavity. At the commencement of the fourth week of August, there was a very firm œdema over the seventh, eighth and ninth ribs, with redness and tenderness of the skin. The pectoral swelling was also very tender. The first time that Dr. G. saw the patient, Aug. 27th, 1858, in consultation with Dr. Windship, the skin of the face was very yellow, the countenance anxious and distressed, and the respiration labored and hurried. By percussion, there was flatness over nearly two thirds of the inferior part of the right thorax. The respiratory murmur, if any, was masked by the strong impulse of the heart's pulsations. The pulse was from 120 to 130, and much stronger than might be expected under the circumstances. There was a general œdema of both lower extremities, of the abdominal parietes, and of the right side of the thorax, as far up as the fifth and sixth ribs. The abdominal cavity was moderately distended with liquid. The inferior edge of the liver could not be felt on account of the general anasarca condition, nor was there any special fulness at that region to indicate any unnatural swelling or displacement of that organ.

Along the outer part of the right hypochondriac region, more par-

ticularly about the seventh, eighth and ninth ribs, was a diffused redness and swelling of the skin, very painful and tender to the touch. At this part, and a little lower down, there was a distinct feeling of deep fluctuation. The skin was partly adherent and partly movable. It was not deemed advisable to operate at that time, as the skin was not fully adherent.

The swelling in the mammary or pectoral region was daily enlarging, being now nearly the size of an infant's head, regularly round, tense, tender to the touch, and fluctuating. The liquid seemed to be just beneath the skin, which was of its natural color. By gentle and continued pressure on the swelling, it entirely disappeared, and an opening could be distinctly felt between the fourth and fifth ribs, leading into the cavity of the chest. As the liquid disappeared from this point, a rising up of the hypochondriac swelling was seen, showing a communication between the two along the cavity of the chest. After pressing upon and emptying the mammary swelling, it would slowly rise up again, like erectile tissue. This emptying of the swelling, when slowly and gently done, did not cause much uneasiness to the patient, except from the tenderness, and sometimes a slight coughing.

At no time during the sickness had there been any nausea or vomiting. The bowels generally were costive, and the urine dark colored.

A large flaxseed poultice was directed for the hypochondriac swelling, and, on the 30th, all the symptoms being more severe, the redness more extended and the fluctuation more superficial, an opening was made, two and a half inches long, in the most prominent portion of the swelling. There was an immediate and profuse discharge of thick yellow pus and some small sloughs, amounting in about five minutes to *twelve pints*, by measurement. The mammary swelling instantly subsided, and a hole was felt passing into the chest, large enough to admit easily the ends of two fingers. The patient expressed great relief, and there was no feeling of exhaustion, nor any perceptible change in the pulse. Stimulants were administered and advised, together with a free nourishing diet.

The operation was done with the patient in his usual position, propped up and resting on his right side.

In recapitulating the symptoms will be found—a fixed, constant and deep-seated pain in the region of the seventh, eighth and ninth ribs; œdema of both lower extremities and ascites; rigors coming on soon after the attack, mostly in the after part of the day; *a continuance of these symptoms for a month without any pulmonary affection*; then dyspnoea, a dry hacking cough, and soon after an expectoration of mucus—mucus and pus; increase of the dyspnoea and of the pain in the hypochondriac region, which radiated through the chest; the appearance, externally, of a swelling near the mammary region; a more severe and throbbing pain a few days previous to the sudden expectoration of three pints of pus; the continued enlargement of the mammary swelling; soreness, redness, swelling and fluctuation in the hypochondriac region; an evident communication of the mammary swelling with the hypochondrium, through the interior of the thorax; the profuse quantity of pus after the operation, and the immediate subsidence of the mammary swelling.

Stimulants and a free nourishing regimen were advised to be continued. The relief after the operation was very great, and the pulse and strength have much improved. There is scarcely any cough or

expectoration. The wound discharges from one to two pints of pus daily. There has been no sign of the mammary swelling since the operation. By percussion, the flatness extends over a much smaller surface, and there is a freer action of the lungs in the respiration. The dyspnoea has almost gone. Although the patient's general symptoms are better than might be expected, still it is impossible to say at present what the result will be, the prognosis being, in the vast majority of cases, a fatal termination.

Oct. 28th.—Heard, to-day, that the patient died Oct. 24th. The cough had entirely ceased till a week before his death. The discharge from the side was about a pint daily. A week ago, the discharge was not free from the wound, when the cough re-commenced and continued till death. No *post mortem* could be obtained.

Dr. C. E. WARE mentioned, in connection, the following case, which bore resemblance to that reported by Dr. Gay. The patient came into the Hospital, where he first saw him. The affection came on like pleurisy; there was flatness, and absence of respiratory sound over the whole right chest, the left presenting nothing abnormal. There was oedema of the upper and lower extremities, moderate cough and copious purulent expectoration, amounting to a pint a day. The patient's health was gradually failing. He was tapped on the right side, at a point about two, or two and a half inches outside, and one inch below the nipple, and a large quantity of pus discharged. The lung immediately expanded, giving a sub-crepitant râle, and returning respiratory sound. There was also a cessation of the purulent expectoration. The oedema also subsided and the other symptoms were relieved. The pus again collecting, however, recourse was again had to tapping, and with like results. She was tapped a third time, and the canula allowed to remain, which it became necessary to remove on the third or fourth day, on account of the irritation produced by it. The oedema did not again return, but the dyspnoea was not so much relieved as in the former operations. A fistulous opening still remains, which constantly discharges. The respiratory sound is gradually returning, although the patient has not gained much in flesh or strength. The amount expectorated daily is about an ounce and a half. There had been suppuration of one of the lymphatic glands of the neck, but there is no evidence of tubercle.

With regard to abscess of the liver, Dr. JACKSON said that he had been struck, in some cases that he had seen, with the absence of local symptoms, and alluded to three cases in illustration. The first was that of a patient at South Boston, who was ill for three or four weeks, with supposed typhoid fever, disease of the liver not being once suspected. On examination after death, a large abscess of the liver was found. No other disease was found. (See *Soc. Rec.*, Vol. I., p. . . .) The second case occurred at the Hospital, about a year ago; an abscess opening through the diaphragm, and communicating with the lung. There was never any yellowness of the skin, nor were there any symptoms indicative of abscess of the liver. The third case was that of a naval surgeon, which occurred some years since. The patient was ill for a long time, and had great enlargement of the right side, and purulent expectoration, but no special hepatic symptoms. In this case, the abscess opened through the diaphragm, and after death the lower third of the right lung and pleura was found broken down.

Dr. J. further remarked, that in case of inflammation about the base of the right lung, yellowness of the skin sometimes occurs; and, on the other hand, that abscess of the liver might probably commence with symptoms of pneumonia or pleurisy.

Dr. PUTNAM remarked that he saw a case of abscess of the liver in a seafaring man, some time since, in which there was no jaundice a fortnight before death. Three quarts of pus were found in the centre of the liver.

Dr. STRONG mentioned a case of this affection, that of a patient lately returned from the East, in which the symptoms were such as to leave no doubt as to the seat and nature of the disease. There was pain, and the abscess pointed and discharged. The patient sank and died; and, on examination, the abscess was found to occupy the large lobe. The symptoms were all referrible to the liver.

Dr. JACKSON alluded to a case of chronic abscess of the liver, in connection with ulceration of the large intestine, that he saw many years ago in a man who had contracted diarrhoea in the tropics, and which abscess would be considered by some as metastatic.

[A case of abscess of the liver, together with chronic diarrhoea, was reported to the Society many years ago by Dr. Channing, and is to be found in the first volume of the Boston Medical and Surgical Journal, page 628, in which the diarrhoea lasted three months and a half; and, after death, extensive ulceration of the large intestine was found, and in the posterior part of the liver an abscess containing 3vij. of pus. In this case "no symptom of disease of this organ was discovered during life by the minute investigation which was made into the state of the abdominal viscera; nor did the general aspect of the patient excite a suspicion of latent disease of this organ."—SECRETARY.]

SEPT. 27th.—*Nursing after the Operation for Hare-Lip.* Dr. WARREN said that some years since he had advocated, in this Society, the propriety of allowing the child to nurse after the operation for hare-lip, and had shown, by a number of cases, that this could be done without endangering union of the parts. Since that time he had followed this practice, and allowed all the patients, who were able to nurse, to do so. The advantages were, the greater quiet of the patient, and the less liability to disturbance of the bowels which almost always follows the change of diet, and which once or twice he had known to proceed to such an extent, as to defeat the operation. Dr. W. further remarked that he still preferred the suture to the needle, the latter, in spite of the greatest precaution, almost always leaving an ulceration, and being more troublesome to withdraw. On examining the interior of a hare-lip, after the skin has been approximated by sutures, Dr. W. said that a gaping wound will almost always be found, and one edge, generally the outer, projecting much beyond the other. The consequence is, a long delay in union, after every thing externally appears sound. To obviate this, he had been in the habit, after making the lower suture, and before cutting off the ends of the threads, to evert the lip with them, and make a suture on the inside. These threads being now cut off short, the suture takes care of itself. For dressing, he had generally used a bit of wet linen, of a single thickness, the edges being unravelled, so as to make it, when moistened, the more adherent to the face—this should be frequently removed by the mother when it becomes dry, and restored. It almost entirely prevents the suppuration about the stitches.

SEPT. 27th.—*Stone in the Bladder, apparently congenital; great Suffering; Stone Adherent; Lithotomy; Cure.* Case reported by Dr. J. MASON WARREN. The boy was 14 years old, born in Rhode Island, of Irish parents. Almost from his birth, he had had symptoms of trouble in the bladder, which had increased as he grew older. The symptoms were difficulty in voiding urine, occasional passing of blood, and paroxysms of great pain, latterly producing a kind of convulsion, in one of which Dr. W. saw him taken, when he first visited him. The violent attacks had a periodical character, coming on once or twice a year, and lasting two or three weeks at a time. At other times, he had comparative ease, although never entirely free from pain. The boy was rather small of his age, but well nourished, considering the amount of suffering he had undergone; the urine passed away continually. The patient was etherized, and a stone was at once detected; but at this, and at a subsequent examination, it was necessary to elevate the beak of the instrument to the fundus of the bladder, in order to detect it, which was subsequently explained by its being found adherent at this point.

The bilateral operation was performed, and the cut made in the bladder by Dupuytren's double lithotome. The finger being passed into the bladder, detected the stone at its upper part, enveloped apparently in its folds. A polypus forceps was introduced, its edge seized, and the stone pulled to the neck of the bladder, but could not be drawn out. Supposing this to be owing to the size of the stone, the incision in the prostate gland was enlarged, but without effect—the stone still resisting all efforts at extraction. A large pair of French forceps were now passed in, and the stone being well grasped, assisted by the finger in the bladder, it was without much force extracted. It proved to be a mulberry calculus, of the size of a horse chestnut, the exterior half of it being covered with a membranous envelop, which at first resembled the mucous coat of the bladder, but which afterward proved to be fibrinous. A bit of elastic catheter was placed in the bladder, and allowed to remain until the third day. The patient was at once relieved from pain by the operation, and was well in two weeks.

The apparently congenital calculus; the severity of the pain; the nature of the calculus, which was of the hardest and roughest kind, being sawed with the greatest difficulty; the adherence of the stone to the bladder, instances of which are extremely rare; together with the entire and almost instantaneous relief from pain and other symptoms after so long a period of suffering, are facts well worthy of note in this case.

The two following cases were reported to the Society by Dr. J. M. WARREN, one at the meeting of April 12th, and the other on June 28th.

Colloid Disease of the Rectum. Dr. W. showed the specimen, which was quite a rare one. The patient was a gentleman, 70 years of age, and, until within a few years, had enjoyed uninterrupted good health. He was first seen about six months ago, in consultation, when, both by the touch and with the speculum, a mass of colloid matter was found, having entire possession of the rectum, being most developed on the side of the prostate gland. At first, it was difficult to distinguish in what direction the feces passed through the mass, but after a time an opening, which admitted the finger, was found in the back part of it. The patient was free from pain, and his principal trouble

was an almost constant desire to evacuate the bowels, when a quantity of highly foetid substance, with a gangrenous odor, was discharged. This was alleviated by opiate enemata. The patient gradually lost strength, and as the physical powers were reduced, the mind seemed to fail, just enough to take away almost entirely the terrors of the slow death which was impending. The immense and continued discharge of serum from the bowels depressed the patient like the loss of blood. For a week or two before his death, faecal matter passed through the urethra. During the whole course of his disease, he never experienced a moment of what may be called pain. On examination after death, the whole rectum was found occupied by a mass of colloid disease. At the upper part of the rectum an aperture had been made by it into the bladder, which organ was contracted to the size of a hen's egg, and its interior coated over with a phosphatic deposit, so as entirely to conceal the mucous lining. The specimen shown to the Society was very much shorn of its proportions, from the impossibility of preserving the delicate tissue, like boiled rice or sago, which at once became detached from its internal part. Dr. Jackson took charge of the specimen to preserve.

Amputation at the Hip-Joint.

Dr. W. mentioned the case as an interesting one, from the fact of its being the first one ever done at the Hospital, and, so far as he knew, in Boston. The patient was a child, 6 years old, and was first seen by him on the 19th of June, at three o'clock, having been injured about two hours before. He was sitting on the curb stone of the sidewalk, when a truck wheeled round against him, crushing his limb against the stones. His injury at first was not detected; being lifted up by some passer-by, and placed upon his feet, not being able to support himself, he fell, and received, in addition to his other injuries, a violent blow upon the forehead. When brought to the Hospital, his state was as follows. He was quite faint, countenance livid, pulse small. The integuments of the thigh, near the hip, were nearly cut through by a semicircular wound, and on the outside a deep wound in the muscles communicated with the bone, which was fractured obliquely, and denuded nearly up to the joint. As the blood was flowing from this extensive wound, the case admitted of no delay, and amputation was at once proceeded to. The boy was first stimulated with as much spirit as he would bear, and ether was administered, which at once brought up the circulation. The limb was now separated at the fractured part, Dr. Shaw compressing the artery. Dissection was next made at the side of the bone, which was disarticulated with difficulty, both from the anatomical relation of the parts, these being obscured by ragged muscles, and, more especially, from the remaining portion of the femur being too short to be easily controlled in effecting the disarticulation. The capsule was, however, opened, and the bone dissected out with but little delay. The boy at this moment became deadly faint, and was only restored by using frictions of brandy and ammonia, the latter being applied also to the nostrils. He was likewise suspended by the remaining leg, so as to throw the blood to the brain, and under this treatment soon revived, although at one moment he seemed to be dead. The vessels were now tied, and the wound temporarily dressed. Just as this was finished, he a second time came in peril of his life. As is often the case with patients recovering from ether, he seemed disposed to vomit, and

in fact a basin was held, and he threw up quite a quantity of liquid substance. Immediately after this, he fell back as if exhausted, a cold sweat came over him, and the respiration and pulse ceased. The frictions, and other means for restoring suspended animation, were at once again resorted to, and Dr. W. proceeded to pass the finger into the mouth for the purpose of raising the epiglottis and making a passage for the air into the windpipe, and there encountered a mass of solid potato-like substance, with which, on further investigation, the whole mouth and fauces were found completely blocked, so as entirely to exclude the air, and almost suffocate the patient. The teeth had allowed the liquid contents of the stomach to pass between them, but had acted as a strainer to retain the solid matters in the mouth. The mouth being now cleared, and artificial respiration set up, the child gradually commenced to breathe, and in the course of half an hour was in a viable state. At nine, P.M., the limb was dressed, and he was taken to his bed in the ward of the Hospital. The patient lived thirteen days, and received during this time the most unremitting care from the nurse in charge of him, and from Mr. Dyer, the House-surgeon of the Hospital. The stump during this time became quite sloughy, and one or two abscesses formed in the groin. The whole wound, however, finally assumed a healthy appearance, and when there appeared to be every prospect of his having gone safely through the most dangerous part of the trial, he suddenly fell off, and died nearly a fortnight after the reception of the injury.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 4, 1858.

ANTAGONISM OF OPIUM AND SULPHATE OF QUININE.

WE notice, in a late number of the *Union Médicale*, some views of M. Gubler, physician to the Boujon Hospital, at Paris, respecting the reciprocal effects of opium and the sulphate of quinine. These effects he believes to be antagonistic, and hence recommends that they should never be given simultaneously, unless one be intended to act as an antidote to the other. The attention of M. Gubler was first drawn to the subject by observing that the specific effects of quinine, given in a large dose (upward of twenty grains), in a case of acute rheumatism, were absent. The patient took at the same time about five grains of the extract of opium. Thinking it possible that the two medicines neutralized each other, he increased the dose of quinine, and at the same time diminished that of the opium. No particular effect was noticed. Finally, he omitted the latter drug entirely, and prescribed the alkaloid alone, in the original dose, when its peculiar effects became promptly manifest. Similar results observed in other cases have confirmed M. Gubler in the belief that these medicines are antagonistic to each other.

The explanation of this effect, if it be a constant one, is, according to M. Gubler, as follows: the opium introduced into the system produces the symptoms of cerebral congestion; the pulse and temperature are raised, the skin becomes moist, the face is flushed, the pupils

are contracted, and either profound slumber or delirium follows, according to the dose taken. A partial congestion of the brain being the physiological cause of sleep, he concludes that opium produces that symptom by causing such congestion. The peculiar effects of quinine, hitherto attributed to congestion, are really due, according to M. Gubler, to an opposite state of things, or cerebral anæmia, the symptoms of which are vertigo, tinnitus, deafness, &c. Hence, those who take large doses of this medicine are peculiarly liable to syncope, and to sleeplessness, and hence the good results following its employment in meningitis, and cerebral affections of a congestive nature.

How much truth there may be in these views, can only be ascertained, we think, from more extended observation. The subject is one of sufficient interest to make it worthy of investigation, and every one has an opportunity of trying the experiment. So far as a single case goes, we have recently met with a confirmation of Dr. Gubler's opinion. A patient had been taking the sulphate of quinine for sciatica, in the dose of two and a half grains every three hours, for a few days, and also an opiate at bedtime, the pain being most severe at night. In the course of a few days, no specific effects of the quinine having been experienced, and no abatement of the pain having occurred, the opiate was omitted. The patient was free from pain that night, and had well-marked symptoms of cinchonism the next day. The quinine was continued, at longer intervals, for two or three days, with persistence of its usual effect on the head, and there was no recurrence of the pain. This result may have been a mere coincidence, and, as we have already said, an extended series of observations is necessary before deciding the question.

SUFFOLK DISTRICT MEDICAL SOCIETY.

THE stated meeting of this Society, held at the Rooms in Temple Place, on Saturday evening last, was quite fully attended, and much interest was manifested in the medical communications made by several members. The subject of painless extraction of teeth, by means of electricity, was brought forward by Drs. Keep and Garratt, and enlisted much attention. Laceration of the perinæum during labor; rigidity of the os uteri in the parturient woman; the inefficacy of belladonna in arresting the secretion of milk—an instance related by Dr. Lyman; a written and verbal report upon iritis, and its treatment by a tonic and alterative course, without mercury, by Dr. Williams; remarks upon continued fever, by Drs. Ayer and Upham; upon several cases of spasmodic cough presenting unusual difficulty in treatment, by Dr. Putnam; and the management of enuresis, referred to by Dr. Watson and others, were the principal matters considered during the first portion of the session.

We were very favorably impressed by the remarks of the President, Dr. A. A. Gould, at the close of the meeting "for medical improvement." He expressed the hope that now the winter campaign had fairly opened, gentlemen would manifest a determination to keep up the interest of the meetings to such a point, that they would be at once inviting and beneficial; and to this end, he advised (very judiciously, it seems to us,) that cases of any length be communicated in writing. This ensures a careful report, saves the Secretary much trouble, and facilitates the business of the meetings generally. The President also truly remarked that many ordinary cases are well worth

reporting—members should not think they had nothing to present, because no startling or very unusual instances of disease or lesion had occurred in their practice.

At 9 o'clock, Dr. Stevens, for the Committee of Arrangements, announced that the supper which had been prepared for the occasion was ready on the table in the adjoining room. A prompt adjournment took place, apparently very much to the gratification of the members; and an hour or more was pleasantly spent in discussing sandwiches, oysters, ice-cream and coffee—the pauses in the repast being filled up with social chit-chat.

"Practical Dissections."—A work with the above title, and particularly designed for the use of students, is just published, and can be obtained at the bookstores and at this office. Everything is given in its pages which can aid the dissector in the dissecting-room; and such details as would not avail him there, are omitted. The author is Dr. R. M. Hodges of this city, Demonstrator of Anatomy at the Medical College, and whose skill and proficiency in the department of practical anatomy are well known. We have been favored with a sight of the proof-sheets, and feel sure that the volume will be exceedingly useful, and command a large sale. A more extended notice is reserved for a future number of the JOURNAL.

Alleged Criminal Assault by a Dentist.—Another case of alleged attempt, by a dentist, to commit a rape on a woman who was under the effects of chloroform, has lately been tried in Montreal, and resulted in a verdict of "guilty of an attempt to commit a rape, with a recommendation to mercy." To our mind, the verdict was by no means justified by the evidence, and the prisoner's counsel moved for an arrest of judgment. It cannot be too strongly impressed upon all who are in the habit of administering anæsthetics, that the operator runs no small risk to his reputation, if not to his life, in rendering a female patient insensible, without the presence of witnesses. At the trial at Montreal, a witness testified that his wife was under the strongest impression that she had been violated by the prisoner, while under the influence of chloroform; yet her husband was present during the whole time she was unconscious. Had he been absent, it might have been difficult to persuade a jury that her evidence was untrue.

THE subject of electric anæsthesia in the extraction of teeth, which has lately been brought before the dental and medical professions in this country, is attracting, also, much attention in London. The *Lancet* speaks favorably of it, and says its value is likely to be completely tested. It also states that the same method has been employed in other surgical operations, as many as nine having been performed under its use at the University College Hospital, between the 9th and 16th of September, partial unconsciousness being produced.

WE learn that the "Hand-book of Practice," by Drs. Elmer and Reuben, of New York, for the year 1859, will be published in a few weeks. The work was favorably received by the profession last year, and the coming edition promises to be more worthy of their support, as it will contain important additions and improvements.

Vermont State Medical Society.—The annual meeting of this Society was held at Montpelier on the 27th and 28th of October. In the afternoon of the 27th, the annual address by the President, Dr. Stevens, was delivered in the hall of the House of Representatives, the Legislature having adjourned for the purpose of hearing the address, which comprised a history of the Society from its organization. In the evening medical subjects were discussed, and on Thursday morning treatises were read by Drs. Allen, Carpenter and Pineo, and an obituary sketch of the late Dr. James Spalding by Dr. Clark. The valuable statistical tables prepared by Dr. Allen, of Middlebury, by direction of the State, were presented, and are to be published in book form by the Legislature. The following officers were chosen for the coming year:—Dr. C. L. Allen, of Middlebury, *President*; Dr. E. A. Knight, of Springfield, *Vice President*; Dr. P. Pineo, of Hartford, *Recording Secretary*; Dr. C. B. Chandler, of Montpelier, *Corresponding Secretary*; Dr. Chas. Clark, of Montpelier, *Treasurer*; Dr. C. B. Chandler, of Montpelier, *Librarian*.

The semi-annual meeting of the Society will be held at Windsor, on the last Wednesday and Thursday of June next.

Births Registered in Scotland.—26,066 births were registered in Scotland during the quarter ending 31st March, 1858, of which number 13,437 were males, and 12,629 females. Of the 26,066 births, 23,706 were legitimate, and 2360 illegitimate. This gives the high proportion of 9 per cent. of the births illegitimate, or one illegitimate birth in every 11 births. As this is the first opportunity which has occurred of ascertaining with anything like accuracy the statistics of this important social point, it may be interesting, as well as instructive, to compare our condition in this respect with some of the nations around us. It appears that in Sweden only about 6.5 per cent. of the births are illegitimate; in Norway, 6.6 per cent.; in England, 6.7 per cent.; in Belgium, 6.7 per cent.; in France, 7.1 per cent.; in Prussia, 7.1 per cent.; in Denmark, 9.3 per cent.; in Hanover, 9.8 per cent.; while in Austria, 11.3 per cent. of the births are illegitimate. But if as a whole, our social condition, as illustrated by the proportion of illegitimate births, is far from favorable, the statistics now collected show that, contrary to what has been commonly supposed, the counties in which the proportion of illegitimate births is greatest are not those which are rapidly advancing in population, or which are the seats of commercial and manufacturing enterprise, or which contain our largest cities with their overcrowded inhabitants, but are rather those more purely agricultural. Thus the counties of Renfrew and Lanark, with their teeming populations, show only 6.1 and 6.7 per cent. respectively of illegitimate births; Linlithgow, 6.7 per cent.; and Edinburgh, 8.7 per cent.; while the proportion of illegitimate births rises to 11.1 per cent. in Peebles; to 11.6 per cent. in Roxburgh; to 12.5 per cent. in Selkirk; to 13.1 per cent. in Kincardine; to 14 per cent. in Kirkcudbright; to 15.7 per cent. in Dumfries; to 16.2 per cent. in Aberdeen; to 17.1 per cent. in Banff; and to the enormous proportion of 17.5 per cent. of the births in Nairn.—*Edinburgh Medical Journal*.

The physicians of Mercer Co., Ill., have lately organized themselves into an Association, to be called the Mercer County Medical Society. A constitution and by-laws have been adopted, officers chosen, and individual members appointed to furnish essays on particular subjects.

MARRIED.—At Tewksbury, 26th ult., William Grey, M.D., of Biberica, to Miss Margaret R., daughter of the late Dr. Henry Kittredge.—In this city, 1st inst., Dr. H. W. Libbey, of Sandusky, Ohio, to Miss Mary A. Robie, of Boston.

DIED.—At Holden, Mass., Oct. 29th, of typhoid fever, Dr. Albert D. Smith, aged 36 years.—In San Francisco, Cal., Sept. 20th, of phthisis, Dr. John P. Macauley, aged 32 years.

Deaths in Boston for the week ending Saturday noon, October 30th, 75. Males, 35—Females, 40.—Accident, 3—apoplexy, 1—cancer in stomach, 1—consumption, 20—convulsions, 2—cholera infantum, 2—dysentery, 2—dropsy, 3—dropsy in the head, 5—infantile diseases, 3—puerperal disease, 1—erysipelas, 1—typhoid fever, 3—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 5—purpura hemorrhagica, 1—disease of the spine, 1—scrofula, 1—suffocation, 1—suicide, 1—teething, 2—tumor, 1—whooping cough, 5.

Under 5 years, 25—between 5 and 20 years, 6—between 20 and 40 years, 30—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 55—Ireland, 17—other places, 3.